

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000025407

1. Entity Name
INNOVATIVE NETTING SYSTEMS, INC



Principal Place of Business
645 GLADIOLA ST.
MERRITT ISLAND, FL 32952 US

Mailing Address
645 GLADIOLA ST.
MERRITT ISLAND, FL 32952 US

2. Principal Place of Business - No P.O. Box #
2101 U.S. Highway 1
Suite, Apt. #, etc.

3. Mailing Address
2101 U.S. Highway 1
Suite, Apt. #, etc.

City & State
Rockledge, FL
Zip 32955

City & State
Rockledge, FL
Zip 32955

Country USA

Country USA

6. Name and Address of Current Registered Agent

SCIACCA
SCIACCA, MICHAEL
645 GLADIOLA ST
MERRITT ISLAND, FL 32952

05032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1175954

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinitializing)

7/11/07

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIACCA, MICHAEL 325 NELSON DRIVE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other title empowered.

SIGNATURE:

(Signature and Type or Printed Name of Signing Officer or Director)

Date

Daytime Phone #

7/11/07 321-504-4122